

<b>Case Number:</b>	CM13-0019621		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 06/18/2008. The treating diagnoses include lumbosacral neuritis, lumbar disc displacement, and sacral pain. An initial physician review noted that this claimant is a 41-year-old man who has been treated for right shoulder pain, with objective findings includes discomfort in the anterior joint line, particularly in the acromioclavicular joint. The dates of service under review are prescriptions from 07/19/2011. The initial physician review noted that the medical records did not document specific risk factors for gastrointestinal complications. The initial review also noted that the medical records did not document that this patient required Odansetron for nausea or vomiting related to chemotherapy or radiation or acute gastroenteritis. That review also noted that the medical records did not document specific indication for topical Medrox. The treating physician note of 07/19/2011 indicates that the patient was prescribed naproxen for an anti-inflammatory effect as well as omeprazole for stomach upset and odansetron for nausea as well as tizanidine for spasm and Medrox for muscle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Medrox ointment 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on topical analgesics state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not contain such information at this time to support a rationale or indication for ongoing use of Medrox. Additionally, I note that this medication contains 0.0375% capsaicin. The Chronic Pain Medical Treatment Guidelines, section on capsaicin, page 112, states, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indicate that this increase over a 0.025% formulation would provide any further efficacy." The medical records do not provide a rationale as to why the 0.0375% formulation would be indicated in this case. For this additional reason, Medrox is not supported by the guidelines. This request is not medically necessary.

**Ondansetron ODT 8mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA labeling information

**Decision rationale:** FDA labeling information for this medication indicates that it is indicated for nausea due to cancer chemotherapy or radiation or acute postoperative nausea. The medical records do not provide an alternative rationale for utilization of this medication in a chronic setting. It appears that this patient is being treated with an anti-inflammatory medication producing stomach upset. The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The guidelines at this time would therefore support discontinuing anti-inflammatory medications unless there is a clear documentation or rationale for its use in a chronic setting. The treatment guidelines do not support Odansetron in this situation. This request is not medically necessary.

**Omeprazole DR 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section Page(s): 22.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory, page 22, state, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be

warranted." It appears that omeprazole is being provided along with an anti-inflammatory medication. The treatment guidelines in this chronic phase would anticipate discussion of risk versus benefit to support the necessity of ongoing anti-inflammatory treatment in this case if gastrointestinal prophylaxis is simultaneously required due to symptoms of an upset stomach. The medical records do not contain such a discussion of medical necessity. In this situation, the request for omeprazole is not medically necessary.